

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra L. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 12 AM 8:53	
DOCUMENT # A24582					
1. Name of Limited Partnership Arvida/JMB Partners, Ltd.					
2. Mailing Address 900 N. Michigan Ave. Suite, Apt. #, etc.		3. Principal Office Address 900 N. Michigan Ave. Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 05/28/1987	
City & State Chicago, Illinois Zip 60611 Country USA		City & State Chicago, Illinois Zip 60611 Country USA		5. FEI Number 36-3507015	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
7. State or Country of Formation Delaware					
8a. Capital Contributions as Shown on Record \$400,000,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date \$400,000,000.00					
9. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324			10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33324		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s) Arvida/JMB Managers, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 900 N. Michigan Ave.		City, State and Zip Code Chicago, IL 60611	
				11a. Registration Document Number P29128	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, **Karen M. O'Mahoney**, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee and to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Karen M. O'Mahoney** Asst. Secretary DATE **05/01/1998**

Typed or Printed Name of General Partner Signing Form **Arvida/JMB Managers, Inc.** Telephone Number **(312) 915-1969**

CH2E039 (12/97)